

Revision: HCFA-91-4 (FPD)
August 1991

OMB No. 0938-

State: MINNESOTA

Citation

7.4 State Governor's Review

42 CFR §430.12(b)

The Medicaid agency will provide opportunity for the Office of the Governor to review State plan amendments, long-range program planning projections and other periodic reports thereon, excluding periodic statistical, budget and fiscal reports. Any comments made will be transmitted to the Health Care Financing Administration with such documents.

x Not applicable. The Governor:

 Does not wish to review any plan material.

 Wishes to review only the plan materials specified in the enclosed document.

x The Governor's designee is the head of the Medicaid agency.

I hereby certify that I am authorized to submit this plan on behalf of the MINNESOTA DEPARTMENT OF HUMAN SERVICES.

(Designated Single State Agency)

Date:

3/8/98

Mary B. Kernal
Medicaid Director
Health Care Administration

TN No. 98-01
Supersedes
TN No. 96-03

Approval Date JUN 02 1998

Effective Date 01/01/98